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UNITED STATES DEPARTMENT OF AGRICULTURE
Bureau of Agricultural Economics

NEWTON COUNTY, MISSISSIPPI
AGRICULTURAL HEALTH ASSOCIATION

by

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NEWTON COUNTY, MISSISSIPPI
 AGRICULTURAL HEALTH ASSOCIATION 1/

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INTRODUCTION

This war has thrown a spotlight on the problems of rural health. Because of the war there has been a heavy drain upon already weak and inadequate rural health facilities. Physical and mental handicaps among rural youth have reduced potential military inductions and reduced the numbers available for production on the home front. Out of awareness of this situation during a crisis has emerged a renewed concern over a problem that has long been tacitly recognized.

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 Few corrective steps have been taken to remedy the fact that farm population suffers from a lack of adequate medical care. Enough medical knowledge exists in laboratories and libraries to stave off numerous mental and physical ills to which many fall prey, but the chasm between actual knowledge of preventive and corrective medicine and its application is great.

War and its new revelation of needs are arousing national, regional, state, and local leaders to search for solutions that will be consistent with the principles of the medical profession, with the principles of democracy, and acceptable to farm families. Recently this quest led national agricultural leaders to initiate six experimental group-health programs to provide experience from which a plan might be drawn to use as a guide in meeting the health needs of farm families in the post-war era.

One of these experiments took the form of the Newton County Rural Health Services Association, Inc., of Mississippi. This report attempts to analyze it and its results. In selecting this county for the experiment the following criteria were observed: 2/

1/ This is the first in a projected series of seven manuscripts which will analyze the experimental health programs in Taos County, N. M., Newton County, Miss., Walton County, Ga., Cass County and Wheeler County, Tex., Nevada County, Ark., Hamilton County, Nebr. This study on which this report is built was conducted under the supervision of Douglas Ensminger and Olen Leonard, Bureau of Agricultural Economics.

2/ Interbureau Coordinating Committee on Post-War Programs, U.S.D.A., March 1942, "Experimental Rural Health," p. 5.

1. Active County Planning Committee
2. Known local interest in medical care needs
3. Typical rural county
4. Farm income approximately the same as in State as a whole
5. Medical, dental, and hospital facilities reasonably adequate and reasonably accessible to all farm families in county or area
6. Receptive attitude on part of professional groups
7. Desirable: Full-time local public health unit

The County

Physical features:- Newton County is located in the southeastern part of Mississippi. Decatur, the county seat, is 75 miles east of Jackson, Miss., and 35 miles slightly northwest of Meridian, Miss. The county is exactly 24 miles square and is bounded by Neshoba, Lauderdale, Jasper, and Scott Counties. It is traversed by two highways, one running north and south, the other east and west. The county is served by two railroads, one in the central and the other in the northern part.

The land is undulating to rolling. There are no commercially important streams, the largest being Chunky Creek. The annual rainfall varies from 56 to 60 inches. The county is located in the Coastal Plains area. The main types of soils are Curvium, Rustum, and other sandy loams. In many areas the surface is seriously eroded.

Population:- The 1940 Census, 3/ reported Newton County to contain a total population of 24,250 and a rural farm population of 21,135, or 87.2 percent of the total. Racially the composition at that time was approximately 65 percent white and 35 percent non-white. The latter category includes about 300 Choctaw Indians, the remainder being Negroes. The county has a relatively high fertility rate 4/ which, in 1940, was 633 for the white rural-farm population and 903 for non-white rural-farm population.

An examination of age-distribution data for 1940 indicates that birth rates are decreasing in Newton County and that considerable emigration has occurred among the productive age groups of both whites and non-whites. Furthermore, within the last 3 years the county has lost approximately 15.5 percent of its estimated civilian population. 5/

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- 3/ U. S. Census, Population, Second Series.
4/ Fertility rates refer to the number of living children under five years of age per 1,000 women in the age group 20 to 44.
5/ Estimates of the Civilian Population by Counties: March 1, 1943, Series P-3, No. 38, Bureau of the Census.

Occupation:- Farming is the principal occupation in Newton County. For the most part, farms are small. In 1940, the average size was 78.9 acres, compared with 65.8 acres for the State. In that year, the average value of farms and buildings was \$1,311 for Newton County, compared with \$1,632 for Mississippi. The percentage of tenancy was 42.7 for the county and 66.2 for the State. The principal crops, in order of importance, are cotton, corn, and hay. The yield of lint cotton averages about 245 pounds per acre. The county has very few opportunities for work off the farms, but the principal ones are at a cotton seed mill at Newton and a textile mill at Union.

Housing and sanitation:- When driving through the county one is impressed with the inadequacy of housing. Many dwellings are unpainted, unscreened, and in need of repair. Lawns are unplanned, and often rubbish is around the house. The water supply consists mainly of wells and springs, frequently unprotected.

Sanitation generally is poor, and the county has never had a sanitation survey. Water supplies are inspected periodically in the towns. Milk is inspected only in those dairies which ship milk to points in other counties. People place such small value on the proper disposal of human waste and the protection of water and milk that health is constantly endangered.

In the period from January 1, 1940 to December 1, 1943, the Farm Security Administration sponsored the building of 83 concrete slab sanitary privies, and the WPA built a total of 2,779. The Farm Security Administration supervised 23 water installations, mostly wells, and helped to screen 40 houses.

Medical Facilities Before the Program

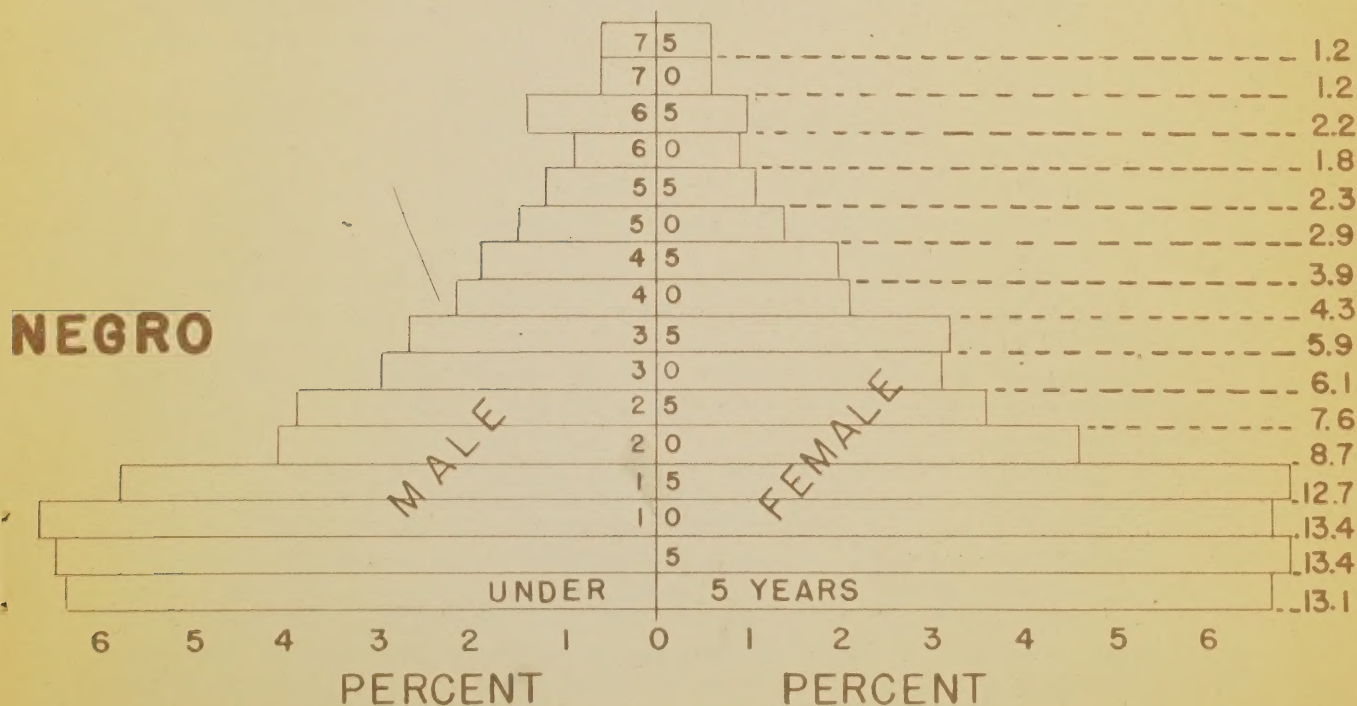
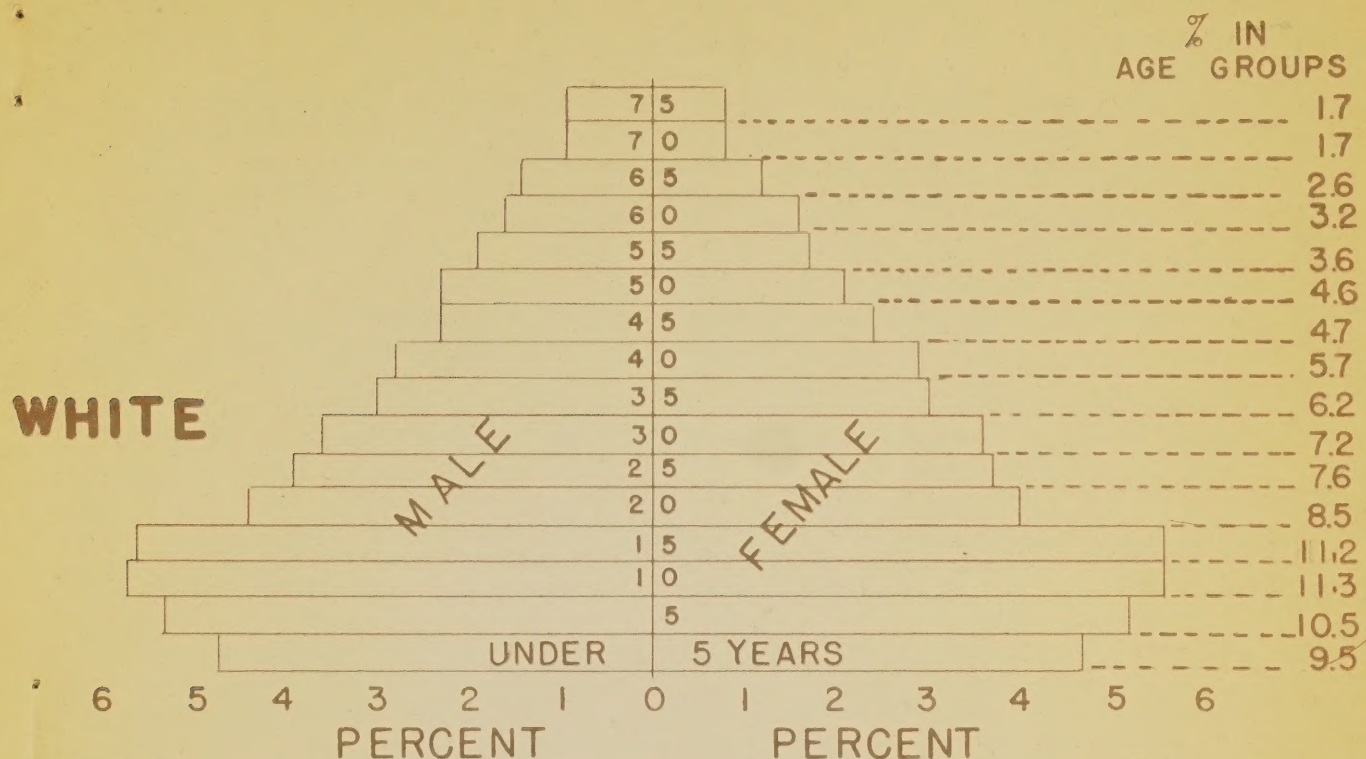
FSA health program and charity work:- Before the initiation of the health program, the Farm Security Administration sponsored a group medical program which provided medical care for 262 families. The annual average cost per family was \$18. The State provided a small sum to be expended on indigent patients.

Public health services:- The county has never had a regular full-time health department. Funds were recently appropriated to finance one, but so far personnel has not been acquired. A physician in the county reports morbidity and mortality statistics. A full-time health nurse carries on a program of immunization, and home and school visitation. During the period August 1, 1942 to July 31, 1943, she performed 2,247 immunizations and made 557 visits.

Hospitals:- The county contains two privately-owned hospitals. One, located at Newton, has a bed capacity of 25; the other, at Union, has a bed capacity of 40. Each hospital has an operating room, ward space, private rooms, and nursing and technical services. Each admits both white and colored patients. All types of minor hospital care are rendered and ordinary surgery is performed but the more difficult cases are referred to specialists at Meridian, Jackson, or other large cities.

FIGURE 1. AGE AND SEX COMPOSITION ACCORDING TO RACE OF
RURAL-FARM POPULATION IN NEWTON COUNTY, MISS.

(1940 CENSUS)



Clinics:- In February 1942 three clinics for venereal disease were established to treat Selective Service registrants and infected persons who were known to have come in contact with armed force personnel.

Physicians:- In 1942 there were 12 physicians in the county, 2 of whom performed surgery in addition to general practice. Some surgery was performed by a physician from Philadelphia, a nearby town in Neshoba County, who came 2 days a week to the hospital at Union. There were no Negro physicians in Newton County. There was an Indian "herb doctor".

Dentists:- Within the county there were five dentists - two at Union, two at Newton, and one at Hickory.

Druggists:- Before the program was organized, there were six drug stores - two at Union, two at Newton, one at Hickory, and one at Decatur.

Midwives:- There were several registered Negro midwives who worked under the supervision of the State Board of Health, but the health program does not endorse the use of their services.

Dependence on medical facilities outside the county:- Farm families of the county depended very little on medical care from adjoining counties. In a few instances families were served by physicians who lived close to the boundaries of their county, and in cases of more serious operations people went to Meridian, Jackson, and Memphis. But in the great majority of cases, medical service was obtained within the county. Within the last few years the turn-over of medical personnel has been very light.

HISTORY AND DEVELOPMENT OF PROGRAM

State and Local Planning

After the State committee decided to start an experiment in Newton County, it appointed two committees to assist in setting up the organization. One was directed to meet with the Newton County Agricultural Planning Committee, the other to present the proposed program to the president of the Mississippi State Medical Association.

The County Agricultural Planning Committee showed much interest in plans for initiating a pro-payment health association which would be subsidized by the Federal Government. This local committee immediately appointed three subcommittees to expedite the organization of the projected health association. Members of those subcommittees discussed the main features of the plans with professional groups, prepared an application form for prospective members, and the County War Board soon began a house-to-house membership campaign, reaching practically all farm families in the county.

The Mississippi State Medical Association viewed the plan with caution but the three subcommittees reported to the County Agricultural Planning Committee that professional groups, especially physicians, expressed a willingness to cooperate.

By this time plans had advanced to the point at which a steering committee was needed. This body was made up of farmers and agricultural professional leaders in the county. It was charged with the responsibility of working out agreements with professional groups who were to participate in the program. The steering committee also selected a temporary board of directors for the Newton County Rural Health Services Association, Inc., as the organization is called. In turn, the board superseded the steering committee and assumed responsibility for completing the organization of the association. An Assistant Health Specialist was employed on May 6, 1942, who later became manager of the health program.

Education and Publicity

Information reached farm families through four channels - newspapers, circular letters, community meetings, and a house-to-house canvass. Considerable, though unsystematic, use was made of one of the two newspapers in the county. The Newton Record published articles from time to time on the merits and progress of the program (Exhibit B). The county agricultural agent, acting for the County Agricultural Planning Committee, circularized a letter in which membership was solicited. It explained what steps to take to become a member (Exhibit C). The third method of explaining and publicizing the program was through community meetings at which the county agent, the FSA county supervisor, the home demonstration agent, the manager of the health program, and a few other community leaders explained the objectives, and recruited members by making speeches. These were held at churches and schools. A house-to-house membership campaign was conducted by the manager, members of the board of directors, and members of the War Board.

As a result, a membership of 1,985 was recruited. The grant funds were limited - hence, by lower average payments from families than were at first estimated, the program ran out of matching funds before 2,000 families enrolled. As it was, 1,985 was the maximum number the program could include, with the exception that the number who would pay the maximum fee of \$54 was not limited.

Efforts to acquaint members with the objectives of the association and to the part they were to play were thwarted by shortness of time. If a very intensive educational campaign had been conducted for 3 or 4 months before organization, it is more than likely that results would have made for a stronger, more vigorous program. As it is, members are prone to think if they pay the fees and receive medical and dental care, the program has been a success. Those who sponsored the association were under pressure to complete the organization very hurriedly, because members had to be recruited before a federal grant could be made; and in order to operate, it was necessary that the grant

be obtained by June 30, 1942.

Support of the Program

The program has received support from practically all groups within the county. The Agricultural Planning Committee deserves credit for conducting a program of education and publicity which gained support for the association from almost every quarter. When interviewing professional men, merchants, bankers, industrialists, and farmers, one is impressed by the unanimity of a favorable attitude toward the program. Villagers who are ineligible for membership thought the program of great benefit to farm people. An industrialist said that a few of his employees were members, and he wished more were eligible. Some 20 county leaders were asked what persons or groups were opposed to the program and not one informant reported that any person or group of persons was antagonistic.

ORGANIZATION, STRUCTURE, AND FUNCTION

The purpose of the program and legal procedures for translating the objectives into action are contained in the Charter and By-laws (Exhibits D and E).

The Charter provides that the affairs of the association shall be directed by a board of nine members, one member to be chosen from each of the nine civil districts by the members of the association. Provisions are made for a manager to be appointed by the board of directors with approval of the Farm Security Administration. Agreements are made between the association and the professional groups. To handle matters pertaining to the association and the professional participants three committees were appointed.

According to the Charter, the objectives of the program are:

"(1) To bring together people engaged in agricultural pursuits as a means of livelihood for the purpose of discussing various methods of farming, farm implements used, different breeds of stock raised and to educate its members in this way in the pursuits of agriculture that the condition of the agriculturists may be improved by knowledge of the best methods of farming, the best machinery, the best breeds of stock, etc.;

(2) to promote and improve the general health, welfare and living conditions of its members, to increase the efficiency and further the rehabilitation of its members, and, to that end, to engage in any activity not inconsistent with the Laws of the State of Mississippi, involving or relating to securing for its members medical, surgical, dental, drugs, nursing, ambulance or related services incident, necessary or convenient thereto and to secure a proper and equitable distribution of these services to its members throughout Newton County; and (3) to associate its members together for their mutual benefit and not for profit as an agricultural association with full power and authority to do each and every thing necessary, suitable or proper for the accomplishment of any of the purposes or attainment of any one of

the objectives herein enumerated or conducive to or expedient for the interest or benefits of the members of the association in the operation or management thereof".

The Charter does not use the word cooperative, but it is fairly obvious that the association is here regarded as a cooperative society. Details on how the objectives are to be achieved are set forth in the By-laws. (Exhibit 1):

The Board of Directors

The functions of the board of directors as outlined in the By-laws, Article VII, include "(a) selection of, and delegation of authority to, management; (b) determination of policies for guidance of management; (c) control of expenditures by authorizing budgets; (d) keeping of members fully informed on the desires of the Association; (e) causing audits to be made at least once each year or oftener, and reports thereof to be made directly to the Boards; (f) studying the requirements of members and promoting good membership relations; (g) prescribing the form of membership applications and certifications and certificates and contracts or agreements between the Association and physicians, dentists, nurses, druggists, ambulance companies or others who may have occasion to contract or do business with the Association; and (h) doing such other things as may be necessary to successfully promote, defend and conduct the affairs of the Association".

The original board was selected by a committee and was elected later by members of the association as their representatives.

The board of directors is composed of nine members - seven men and two women. The median age of the eight members from whom data were obtained is 45 years, and the median education is the 12th grade. Occupationally, the male members of the board are farmers, one woman is a farm wife, and the other a farm wife and rural school teacher. The average membership fee for the board members was \$8.13, compared with an average of \$6.14 for the total members of the association.

Generally, the board members are community leaders. Of those who were interviewed, three were Sunday School teachers, three assisted in War Bond campaigns, two were connected with the school system, one was secretary of a Home Demonstration Club, and one was a minor officer in a church. All the members have belonged to the Farm Bureau Federation one time or another and when the study was being made five were paid-up members.

Apparently the board has been efficient in the discharge of its duties and its members have been able to work in harmony with each other, with the manager, and with the professional participants. With few exceptions, members of the board think that they have sufficient authority to make all decisions on a local level. Two said that, without the approval of the professional committee, they did not have the authority to suspend physicians who submit questionable bills. During

the second year, however, this committee was composed of men who work in close harmony with the board of directors.

The board's relationship to the members is wholesome but contacts are far fewer than they might be. When driving over the county the writer found farmers who live near board members but who did not understand the health program at all clearly. Board members are in a position to teach their respective community constituents if they will use their opportunities.

The Manager

If the mainspring of the association is the board of directors, surely the balance wheel is the manager. The present manager has a background and education that qualify him for this job. He is 28 years old, a native of Oktibbeha County, Miss., and holds the B. S. degree in vocational education from Mississippi State Agricultural College. Before he became manager he worked with the Farm Security Administration as an assistant county supervisor. He devotes a considerable part of his time to discussing problems with professional groups, county leaders, and visiting members. This manager has gained the support of the board, professional participants, and members. It is he who brings the board and committees together to consider both routine and unusual matters. Although he is directly responsible to the board of directors, apparently he actually takes the lead, pointing out to them the issues which require attention. In short, he is somewhat like a catalytic agent who stirs the board and committees to action. He also has the responsibility of seeing that members are satisfied with the services they receive, and he assumes, to a large extent, the hearing of complaints made by members and doctors. The board of directors trusts his judgment and permits him to make decisions which it would make if he were poorly qualified. It is difficult to over-estimate the importance of having a well-qualified manager. He may not be in a position to make or break the association, but he approximates this position.

The Members

Eligibility:- Any person living in Newton County who derives 51 percent or more of his total income from farming is eligible for membership. Families may also be included who live beyond the boundaries of Newton County but are living in communities in which community services are rendered in the county.

Racial composition of membership:- The membership for the year August 1, 1942 to July 31, 1943 totaled 1,985 families who, with their dependents, totaled 8,958, or 42.4 percent of the total rural-farm population. Data were obtainable for 1,754 of the 1,985 members, and of this number 78.2 percent were whites and 21.8 percent were Negroes. Of the farm population of the county as a whole, however, 62.5 percent were whites and 37.5 were non-whites.

These figures indicate that selective factors influenced a

larger percentage of whites to join than Negroes. This situation might be interpreted in the following ways: (1) It may be that proportionally fewer Negroes than whites attended the community meetings which were held in the recruitment campaign. (2) The fact that the Negro schooling is not equal to that of whites may have prevented them from viewing the organization with as much enthusiasm. (3) Finally, it is likely that the Negro income was so small that they were unable to pay the membership fees.

During the study attitudes concerning the race question were considered with care, but no one recorded that he thought the Negro should be discriminated against. Several landowners have paid membership fees for their sharecroppers.

The mean size of Negro households included in the program was considerably larger than the mean for whites. These averages were 5.7 for Negroes and 4.0 for whites.

Tenure:- The association has a proportionate representation of white and Negro owners, but an over representation of white tenants and an under representation of Negro tenants. (table 2).

Table 2.-Tenure by race for county and for members of association

Unit	Total owners and tenants			Owners			Tenants		
	Total	White	Negro	Total	White	Negro	Total	White	Negro
	Number			Percent					
County*	3,477	2,384	1,093	1,991	1,575	416	1,486	809	677
Association	1,754	1,271	483	1,271	996	275	483	375	108
County	100	68.6	31.4	100	79.1	20.9	100	54.4	45.6
Association	100	72.5	27.5	100	78.4	21.6	100	77.6	22.4

* Figures are based upon "full" and "part" owners, but "managers" are not included.

Membership and Professional Participation

The federal subsidy is administered by the Farm Security Administration, because when the six experimental health programs were initiated, that agency had funds that could be used for this purpose. Locally the association is governed by a board of directors which is under the immediate supervision of the Farm Security Administration.

The program has not as yet developed further local democratic techniques. Interviews with 60 members revealed some lack of understanding regarding the association.

Members' lack of understanding:- Each family in the sample of 60 families was asked the question: "Who runs the program? (a) the manager, (b) the doctors, (c) FSA, (d) the board, (e) members, (f) others!" The responses are recorded below:

Table 3.-Sample families' knowledge of
sponsors of organization

Sponsors of the organization	Responses
Manager	2
Doctors	0
Farm Security Administration	1
Board	16
Members	10
Others: the Government	6
Don't know	<u>25</u>
Total	60

Only 10 of the responses, or 16.6 percent of the total, thought that members were responsible for directing the program. If we consider the organization as administered by the members and the board of directors, then about 40 percent of the sample understood the program. This means that 3 out of every 5 members did not know in what body lay authority and responsibility for directing the program; and of the 40 percent who assumed the "board" and "members" directed the association, at least 10 cases admitted that they were guessing and did not even know the name of the manager.

These answers clearly suggest that there can be no full participation on the part of members in the association until they know what role they are expected to play; they need to be taught as to how they may best support the organization.

Members' participation in meetings:- Members were asked to designate the number of meetings sponsored by the association that they attended during the first year of its operation. Forty did not attend any meetings, ten attended one; eight attended two, and one attended three meetings.

Aside from community meetings which were held during the recruitment drives and the annual meeting of September 1943, members have not been called together to discuss the program.

Members' participation in planning and developing program:- Sixty members were asked: "What part have you had in helping plan and develop the program?" Fifty-eight answered, "None." Two helped circulate printed material. The reader is reminded that through necessity the program was launched hurriedly so there was little chance for the farmers to help in its development. But during the second campaign for membership, there was again little indication that members were doing much in the way of planning for the association. This conclusion was reached after talking with board members and the manager, and by driving in rural areas with two board members who were trying to recruit members.

These three sets of responses suggest that the program is regarded as "just another program from Washington". The fact that members were not encouraged and taught to take a part in the administration of the program has erected barriers which will be difficult to overcome, but which must be overcome if members are ever to take part in a democratic way. Judged by this lack of participation, it may be concluded that the program can scarcely be called a cooperative society nor can it be said that the objectives of the program are thoroughly understood or valued by the citizens of Newton County.

Participating physicians:- During the first year there were 12 doctors in the county, all of whom took part in the program. At the time the study was made there were 11. They are distributed over the county as follows: three at Union, four at Newton, two at Decatur, one at Chunky, and one at Duffee. Of these, two are surgeons. According to data which were available on 7 of the doctors, the median age was 62 and the median number of years of practice was 34. The age of some of these physicians limits the work they can do, but the physicians are so distributed over the county that they do not have to travel much in attending their patients. Some doctors who live at Philadelphia, Jackson, and Meridian, Mississippi, also participate in the program.

According to standards, there should be one doctor per 1,000 population. Applying this formula, Newton County, with a total population of 24,250 needs 24 more physicians; as several physicians in the county are more than 65 years old, there is need for more than a total of 24 doctors. In other words, there are only from 35 to 40 percent as many doctors as are needed, according to these standards.

Physicians in the county do not seem to recognize the extent of the shortage of doctors. Eight were asked whether they would like to see one or more new doctors move into the county. Four said that they would welcome at least one more; the other four said that the county already had a sufficient number. The manager of the association has tried earnestly to obtain an additional doctor, but so far he has been unable to find an available person who has the desired qualifications. If another physician should move in there is little doubt about his being welcomed and he would be expected to participate in the association.

In organizing the program, agreements between doctors and the association were made which defined physician-association relations in regard to types of service to be rendered, costs, plans for payment of bills, and other aspects of the program. One of the most important items in the agreement concerns rates for various services. The criterion for determining what physicians would receive for various services was based on the customary and usual rates before the association was initiated. 6/

This understanding was very beneficial to the successful operation of the program. Nevertheless, there were violators, and at times when it was impossible to pay a high percentage of doctors' claims they showed dissatisfaction. However, on the whole, the agreement was acceptable.

Participating dentists:- During the first year of the association five dentists participated in the program, or 100 percent of the dentists in the county. A majority of these men were more than 50 years old and had been practicing, on an average, about 30 years. These dentists were

<u>Physicians' Agreement on Services and Costs</u>	
<u>Type of service</u>	<u>Costs</u>
1. General practitioner	
A. Office calls (maximum)	\$ 2.00
B. Hospital calls (maximum)	2.00 per day
C. Obstotrical cases	25.00
D. Home call (night)	2.00
(Plus \$1.00 per mile each way)	
E. Home call (day)	2.00
(Plus \$0.50 per mile each way)	
2. Surgeon and specialist	
A. Appendectomy	65.00
B. Tonsillectomy	15.00
C. Hysterectomy	75.00
3. Emergency and related	
A. Hospital cases including all expenses	6.50 per day
B. Tonsillectomy (maximum)	15.00
4. Out Patients	
White count	2.00
Blood picture	3.00
Gastric analysis	3.00
Blood sugar	3.00
Fecos	2.00
Malaria	1.00
Wasserman	1.00
Sputum (tuberculosis)	2.00

distributed as follows: two at Union, two at Newton, and one at Hickory. The dentists also signed an agreement with the association concerning the rates for dental care. Rates were set slightly higher than the charges made before the association was organized, but during the depression the dentists had been forced to reduce their rates and therefore felt justified in increasing certain charges. 7/

Drug costs:- During the early weeks of the association's operation, the druggists did not attempt to reach any agreement in regard to charges for drugs. Soon confusion occurred over the lack of uniform prices. For instance, one druggist would charge twice as much for an ounce of

7/ Dental Services and Costs According to Dentist-Association Agreement

<u>Type of service</u>	<u>Costs</u>
1. Fillings (amalgamated cements)	
A. Compound cavity	\$ 2.00
B. Slight cavity	1.50
C. Cap with cement	1.00
D. Synthetic porcelain with cap and rubber dam	2.00
2. Extractions	
A. First tooth	1.50
B. Each additional tooth at same sitting	1.00
3. Treatments	
A. Abscess, pre- or post-operation	1.00
4. Cleaning tooth (per sitting)	2.00
5. Wisdom extraction	5.00
6. X-rays when necessary	
A. One picture	2.00
B. Full mouth	10.00
7. Trench mouth (per sitting)	1.50

a given drug as one of his competitors. Consequently, on June 1, 1943, a price agreement was adopted. 8/

Professional Committees

Physicians' committee:- During the first few months the doctors tried to decide, as a body, issues involving them and the association, but it was very difficult for the group to reach an agreement. So, a committee of three was elected to expedite and facilitate relations with the board of directors and the manager. This committee proved to be less active in handling matters than had been anticipated. When the association was reorganized in July, the manager devised a plan which provided for a committee composed of leading physicians. This was accomplished by having one physician appointed by the president of the Newton County Medical Society, one by all participating doctors, and one by the board of directors.

Since this committee was appointed it has been very active in the efficient handling of physician-association relations. For instance, one doctor continued to submit bills which were proportionately larger than others, and which were higher than the association considered to be quite fair. As a result, the doctors' committee voted to suspend him from the program. The board approved the recommendation, and that particular physician was prohibited from further participation. This dynamic committee proposes to bring pressure to bear upon its own

8/ Drug Prices as Stipulated in Druggist-Association Agreement

1. Twenty-five cents per ounce for the first six ounces for all prescribed liquid drops, and $12\frac{1}{2}\%$ per ounce for all additional ounces, for example: Two ounces Rx., 50¢; four ounces, \$1.00; six ounces, \$1.50; eight ounces, \$1.75; ten ounces, \$2.00; twelve ounces, \$2.50.
2. Sulfathiazole tablets \$0.50 per dozen
3. Kavacaps 1.00 per dozen
4. Pyridium tablets .25 per dozen
5. Caroid
 - a. Bilo salts
 - b. Cascara tablets
 - c. Bilo sevrin .25 per dozen
6. Morphino and codino .10 per dozen
7. Ergatrato 1.00 per dozen
8. Digitalis (caps. and tabs.) .60 per dozen
9. Corpus Lutica (two grains) .50 per dozen

professional group to the point where doctors will conform to the spirit of the association.

Dentists' committee:- To facilitate the program a committee consisting of three dentists was appointed by participating dentists. It was the duty of these committeemen to formulate an agreement between the association and participating dentists, of reviewing bills submitted by dentists, and of assisting with any other issues concerning the dentist-association relations. During the reorganization of the association, a new committee of two was appointed, one member being selected by participating dentists, the other by the board of directors.

Druggists' committee:- The druggists also appointed a committee of two, but since the association does not pay any of the cost of drugs this year, the committee has been discontinued.

The health program has been materially strengthened and facilitated by these three professional committees.

Association Relation to Other Organizations

The health association receives the support of the Newton County Medical Society. The president and an ex-president of that organization have taken the lead in promoting physician-association relationships. The county does not have a county dental society, but the District Dental Society expressed itself in favor of supporting the program.

SERVICES

The association provides regular practitioners' care, including home, hospital, and office calls, day or night. Prenatal care is given expectant mothers and in the course of this treatment the physician in charge decides whether the delivery will be made at home or at a hospital. If no complications are anticipated, deliveries are cared for at the patient's home. The program provides for major and minor operations, X-rays for examination, and other treatments. In more difficult cases of surgery, the physician in charge makes arrangements with a specialist, usually at Jackson or Meridian, Miss., to whom cases are referred. In a few very special cases, patients are sent to Memphis, Tenn., and to New Orleans. Hospitalization includes a maximum of 14 days per year for each member, or a total of 28 days for the entire family. Regular hospital services include use of semi-private rooms and laboratory, and nursing services.

During the initial months of the organization, protective dental services were rendered, including extractions, fillings, prophylaxes, and periodontal care. But since dental defects in many cases had gone untreated for years, the association soon found that the funds were too limited to warrant this complete dental coverage. As a readjustment, full dental care was provided only for children under 12 years of age;

those 18 years and above were limited to dental corrections in case of pain or when defective teeth were definitely impairing the health. However, at a later date complete dental care was provided for all under 18 years. False teeth and bridgework have never been included in the program.

At first the association provided all prescribed drugs; then for a few months, 75 percent; and later, only 50 percent. After the program was reorganized funds would not permit the association to pay for any drugs.

In examining records of services rendered, attention was given to the care received by a sample of 60 families which included a total of 295 persons.

Table 4.-Racial composition of sample families, by age groups

Race and age :	Number	: Percent
White		
Under 15	80	27
15 - 18	21	7
19 and over	112	38
Negro		
Under 15	33	11
15 - 18	9	3
19 and over	40	14
Total	295	100

Physicians' Care

An effort was made to compare the medical care which farm families received during the year before the association was organized and during the first year of its operation. Sample families were asked what services they received during the year August 1, 1941 to July 31, 1942, and data were obtained from the records of the association for the period August 1, 1942 to July 31, 1943. At the outset, it is recognized that chances for errors in the data reported by the 60 families are great, and the reader should bear in mind the frailty of memory; however, the comparative data are at least indicative of services received for the two periods.

Table 5.-Services of physician for the preceding and the first project year*

Services	Total	Average per household	Under 15 years	15 years and over
Office calls**				
Preceding year	284	4.7	60	224
Project year	374	6.2	75	299
Home calls				
Preceding year	22	.4	4	18
Project year	52	.9	4	48

* "Preceding year" refers to the period August 1, 1941 to July 31, 1942; "project year" refers to the period August 1, 1942 to July 31, 1943.

** "Office calls" include hospital calls.

In table 5, data show that families received more care from general practitioners during the first year in which the program operated than the preceding year.

Table 6.-Participation, by households, in services of the association, by type of service, for the first year of the project

Calls to and from physicians			
Frequency	Office calls*	Home calls	Days in hospital
0	10	42	46
1-2	10	11	14
3-4	15	5	0
5-9	10	2	0
10-14	8	0	0
15-24	6	0	0
25-over	1	0	0

* "Office calls" include hospital calls.

The 60 families received more hospital care during the first project year than during the preceding year (table 7).

Table 7.-Certain medical and hospital services received by sample families, by age groups, for project year

Services	:	Total	Age groups	
			Under 15	: 15 and over
<hr/>				
For preceding year*				
Cases in hospital	3	1	2	
Days in hospital	19	2	17	
Number surgical cases	3	1	2	
 For project year*				
Cases in hospital	20	7	13	
Days in hospital	91	27	64	
Number surgical cases	20	5	15	

* "Preceding year" refers to the period August 1, 1941 to July 31, 1942; "project year" refers to the period August 1, 1942 to July 31, 1943.

The 60 families received more dental care during the first year of the association than the preceding year. This is especially significant because the program emphasizes dental care for children under 18 years of age. Cavities were filled which otherwise might have resulted in the loss of permanent teeth (table 8).

Table 8.-Service of dentists for preceding year and first project year*

Service	Total	Under 15	15 - 17	18 and over	Age unknown
Periodontal					
Preceding year	0	0	0	0	0
Project year	5	2	0	0	3
Prophylaxis					
Preceding year	0	0	0	0	0
Project year	9	4	1	3	1
Extractions					
Preceding year	111	1	7	97	6
Project year	126	18	3	9	54
Fillings					
Preceding year	42	0	4	26	12
Project year	153	63	19	12	59

* Data for preceding year include 57 families, and data for project year include 59 families.

Medical and Dental Costs

There are important differences in the cost of medical care for the preceding year and for the first year of the association's operation (table 9).

Table 9.-Costs for certain services rendered sample families

Service	Preceding year		Project year	
	Total costs	Per family	Total costs	Per family
Home, hospital, office calls	\$ 417.00	\$ 6.88	\$ 821.50	\$13.69
Deliveries	105.00	1.75	50.00	.83
Surgery	8.00	.13	457.00	7.62
Hospitalization	127.00	2.12	548.00	9.13
Dental care	263.70	4.40	301.89	5.03
Drugs	266.00	4.43	395.00	6.58
Grand total	\$1,182.70	\$19.71	\$2,573.39	\$42.89

With the exception of the cost of deliveries, in each of the above categories more money was expended during the first project year than the preceding year. Granted that inexact memory may have injured the validity of the above comparison, a part of this limitation can be offset by making certain allowances for inaccuracies in reporting. If the total cost for the year August 1, 1941 to July 31, 1942, is increased 25 percent, there still remains a noteworthy difference. Without making this allowance, the total cost for the year before the initiation of the association was \$1,182.70, compared with \$2,573.39 for the first year of operation. That is, the total services received the previous year would be 46 percent of the cost of services rendered during the first project year. By making an allowance of 25 percent, the costs for the previous year would be 57 percent of the costs for the first project year. Then, measured both by quantity and cost of services rendered, the 60 families received more medical and dental attention during the first project year than the preceding year.

To describe a few cases will emphasize the benefits that some families derive from the program.

The manager told of a member who inquired at the office regarding treatment for his wife who had been operated on 6 weeks previously and who in the doctor's opinion, would not live if another operation were not performed. This member was crippled himself and had planned to have his defect corrected, but he told the manager he would forego personal treatment if the association would permit his wife to receive the necessary care. He also said that a doctor had told him his little son's tonsils were "killing" him. The association agreed to have treatments for all three rendered. Results were favorable and today the parents are able to work, so there is no present necessity of

public relief for them and the boy is on his way to more vigorous health.

A white farmer had been the victim of a cancer which the doctors said would cause early death if something were not done immediately. But, being a tenant, he could not afford the cost of X-ray treatment. When he joined the association, he was examined and referred to a cancer specialist at Meridian. The patient responded favorably and the removal of the cancer has stayed the hand of death.

Other interesting cases were reported by doctors and dentists. A surgeon at Newton when examining a woman patient discovered that her teeth were in a condition very injurious to her health. He said: "You must go to your dentist and have your teeth pulled." She became so tense and nervous that the physician observed, "I see you have had some of your teeth pulled; are you afraid of the dentist?" She replied, "Yes, I am scared, I've never been in a dentist's chair." The doctor asked how the missing tooth had been extracted. She replied, "I gouged 'em out with nails." The physician who related this also told of removing childrens' tonsils which were so swollen and inflamed that they had become "slick" as a result of rubbing together. He observed that children like these had not been able to "get a decent night's rest for 3 years!"

A dentist at Union said, "At least 20 percent of the people who have called in my office as a result of the program, were in a dental office for their first time!"

A woman came to another dentist's office and said she wanted her tooth extracted. The dentist's assistant said, "You are mighty young to be having all your teeth pulled, aren't you?" Her reply: "I'm 35, ain't I?" The same dentist reported rendering the following dental care for four members of the same family who were included in the association: A boy 15 years of age had 22 cavities filled; a girl 13 had 11 cavities; a girl 10 had 25 cavities filled and 1 tooth extracted; and a boy 9 had 6 cavities filled.

Adequacy of Services

With two important exceptions, services were considered adequate by board members, participating professionals, members, and non-members. Those exceptions, for the most part mentioned by members, are: (1) Belief that part of the drug costs should be borne by the association, and (2) that the program should provide more nearly complete dental coverage for members and dependents 18 years and older. The question might be raised as to whether the lack of provisions for chronic and incurable cases are also notable limitations of the health plan.

Most of the 60 members said that services were prompt and satisfactory. Fifty-six said that medical and dental services were of the same quality as those rendered previously. Two said they were better. Fifty-eight said that they received as many services as they anticipated. Two said they received less; they thought the association should have

paid all the costs of the drugs.

Forty thought that the program reaches all farm families who could profit by belonging. Twelve thought all farmers should be included, and two thought all poorer farmers should be members. Six replied, "Don't know." It is of interest that several informants in the sample said that certain farmers who had larger incomes could "afford not to belong" to the association.

Members want the association to pay part of the charges for drugs. The 60 families were asked, "What other services would you like the program to render?" Twenty-nine answered that they did not think the association should render any additional services. Thirty said the association should pay part, preferably half, of the costs of drugs. 9/ Two thought the association should provide more dental services. 10/ One person thought the program should employ midwives. Eighteen former members ~~who were interviewed~~ failed to renew membership mainly because they thought the association should pay part of the charges for drugs.

Board members, the manager, and participating members of the professional groups thought the lack of a public-health unit, which in turn prevented the association's employing two nurses, curtailed the program seriously.

Finances

In the original plans it was calculated that the average cost per member would be \$54. This amount was derived from membership fees and by a Federal grant. Each member was required to pay \$5, or 6 percent of his net cash income, whichever was greater. This arrangement was satisfactory in that funds were almost sufficient to cover the various costs, but the fee was so small, in many cases, that members assumed they were "getting something for nothing." During the second year of operation the minimum fee was raised to \$12 and this increase was a source of confusion and complaint. This hindered the second recruitment of members. If a higher degree of accuracy had been used in calculating membership fees the first year, the percentage obtaining protection for the minimum fee would have been much smaller.

It is very important that the yearly grant be sufficient to maintain the services that the association agrees to offer. Otherwise, participating physicians, as well as members, may consider the program worth less than the effort involved.

9/ When it was reorganized last July, funds were too small to allow the association to pay any of the drug charges during the second year of operation.

10/ Two members wanted the association to provide two or more additional services.

During the first year of operation it was estimated that \$54 would be required to provide services for each family. During the second year certain services were eliminated because of curtailment of the allotment made to the Farm Security Administration, which provides the grant. That year the budget provided \$40 per family. In table 10 are listed the allotments set aside for each service for the first and second years.

Table 10.-Estimated budgets for first and second year of operation

Service	Estimated cost	
	August 1, 1942-	August 1, 1943-
	July 31, 1943	July 31, 1944
General practitioner	\$16.00	\$16.00
Surgery	6.00	6.00
Hospitalization	10.00	8.00
Drugs	7.00	0.00
Dental	7.00	7.00
Nursing	2.50	0.00
Contingent	3.00	0.00
Administrative	2.50	3.00
Total	\$54.00	\$40.00

The amounts allocated for the various services are divided into 12 equal parts and only the monthly allotment can be expended in any one month. This budgetary control has been beneficial, for during the early months of the program people were curious to see whether they could actually receive medical care merely by presenting a membership card. The organization was unable to pay 100 percent of all bills submitted by doctors, dentists, and druggists. In the case of drugs, not more than 65 percent of the submitted bills were paid. This was cause for serious debate as to whether druggists and even doctors would continue to participate. But each succeeding month the association paid a larger percentage of its obligations, and at the end of the year it was paying 100 percent for all services. It is true that one way by which this complete payment of professional claims could be made was by reducing the volume of services, and this may have happened; but if this is the case, it strongly emphasizes the need of more adequate funds and of greater flexibility of disbursement. Table 11 summarizes the percentages and amounts of submitted bills which were paid during the first year of operation.

Table 11.-Percentage of submitted bills paid, and the amount, first year

Services rendered	Percent	Total paid
General practitioner services	95.97	\$38,581.41
Emergency and related services (hospitalization)	100.00	17,641.97
Surgeon and specialist	96.07	15,398.09
Drugs	100.00	11,024.10
Dentists	99.93	12,968.32
Total		<u>\$95,613.89</u>

These figures show that a high percentage of all the bills were paid the first year. According to the participating professional groups, collections were much higher than they would have been had there been no association. One doctor said that before the program was organized, his collections averaged only about 50 percent of the total charges.

The operating expense for the association for the first year was \$107,340.02, and of this amount \$95,140.00 or 88.6 percent was paid for by subsidy. The total estimated cost for the second fiscal year is \$80,000.00, of which the subsidy amounted to approximately \$41,245.08 or 51.2 percent of the total. 11/

A word should be added in regard to the budget for the second year of operation. Because of a decrease in subsidy, the amount set aside per member was reduced from \$54 to \$40. The reduction of the Federal grant made it necessary to raise the minimum fee for membership from \$5 to \$12. The manager thought the reduction from a \$54 to a \$40 budget for medical services per family would not greatly hinder the association. This belief is supported by the fact that membership this year totals 1,775 which is only 210 fewer than last year.

During the second year's operation, members are paying more than twice as much as they did the first year but are receiving fewer services. This is significant for it indicates, in a measure, that members are strongly in favor of continuing the program despite the changes. But it should be added that crops were considerably better in 1942 than they were in 1941 so farmers were better able to pay the higher membership fee.

11/ These figures are based upon the assumption that membership would reach 2,000. As that number did not join, the expense will be proportionately smaller.

ATTITUDES

Attitudes of Members of Board

In conducting interviews with board members, association members, and non-members, efforts were made to learn what each thought about the objectives, the progress, and the future of the association, and what changes seemed desirable.

Members of the board of directors were in sympathy with the objectives as far as providing health services is concerned, but there was little indication that those members regarded the association as a cooperative aiming at a broad attack upon rural problems. The Charter reads that in addition to fostering medical services the association shall "bring together people engaged in agricultural pursuits as a means of livelihood for the purposes of discussing various methods of farming, farm implements used, different breeds of stock raised, and to educate its members in this way in the pursuits of agriculture that the condition of the agriculturist may be improved by knowledge of the best methods of farming, the best machinery, the best breeds of stock, etc." The primary concern of the program is in the field of health, but it is recognized that better farming practices are closely related to a more adequate level of living. In regard to secondary objectives, it seems fair to say that a period of 16 months seems sufficient time in which to begin an educational program which would include more general farm problems. With few exceptions, the members of the board and the manager are well satisfied with the general progress of the program, but on the whole, they are conscious of the lack of a program of education.

Neither board members nor manager had any important suggestions to make for changes. Recently the manager has initiated an educational program aiming to acquaint the people more thoroughly with the objectives of the association and the role the members are expected to play.

Attitudes of Physicians

A physician at Newton, Miss. described in this way the place of doctors in the program: "We are in a position to make or break the association." This is no exaggeration, for they could refuse to cooperate and could discourage farm families from joining the association - could even use a certain kind of coercion. Fortunately, on the whole, the doctors are enthusiastic about the program and are anxious for the organization to be permanent. A surgeon at Newton said, "The Newton County Health Service program is a great help to the farmers of this county in that it enables many of them to have corrective health measures done for themselves and their families that they haven't beforehand felt financially able to have done. Maternity patients come in more regularly and persistently than before for both pre-natal and post-natal care." He went on to say that, "The physicians of Newton County have derived personal benefits in a general increase in the number of patients with at least an equal

percentage of collections for services, with a minimum of effort!"

A second doctor said, "The Newton County Rural Health Association has enabled many farmers in Newton County to have children's tonsils removed and cared for that have been put off for three years on account of finances. Also a great many other conditions have been corrected that made great improvements in the health and ability to carry on their work. Many farmers' wives have had better pre-natal care and hospitalization when necessary. Physicians do not have to worry over the collecting of accounts!" A cancer specialist in Meridian said he thought the association one of the best programs that the Government had ever organized for rural families.

Eight participating physicians were asked what they thought of the general progress. Seven reported that the association was becoming a strong and well-directed organization. The one doctor who was pessimistic has never given the cooperation that others have.

Possibility of withholding subsidy:- That the members are bearing a much greater proportion of the cost of the program this year than last year, should not be interpreted to mean that in a year or two there will be no need of a subsidy. Eight doctors and two dentists were asked whether they thought the association would eventually become self-sustaining, and if so, how soon. Seven replied that within 5 years members could be brought to the point where they would be willing to pay all expenses of the program. Three informants said the program would never be completely self-supporting, and one doctor had no comment to make. The manager and board members concur with the majority of participating professional men. Of course the ability and willingness of members to pay are conjectural; but if income and levels of living gradually increase, and if a dynamic program of education is incorporated in the long-run plans of the association, there is at least some ground for believing that perhaps within 8 or 10 years 60 to 75 percent of the necessary cost could be borne by families who participate in the association.

Method of paying physicians and dentists:- Ten participating doctors and dentists were unanimous in their preference for the present arrangement for payment, as against salaries to be paid by the association. Several of these 10 made the rationalization that "a doctor on a salary would take less pains with and interest in his patients!"

Participating doctors and dentists prefer that each member pay according to his net cash income rather than according to his number of dependents. The consensus of opinion was that larger families were usually least able to pay and that a per capita arrangement would make excessive demands upon the poorer families.

Professional groups were questioned to learn whether they considered the program as socialized medicine. For the most part, these groups regard it as a compromise between the customary doctor-patient relationship and so-called socialized medicine. No participating doctor or dentist feared that the program would lead to state control

of medicine if professionals could continue to decide what charges to make and whether they would participate. One doctor said, "It may be that we needed to be shaken up. Perhaps the older relationships between doctors and patients were inadequate!"

Attitudes of Participating Dentists

Doctors hold a more strategic position in the program than dentists, but the attitudes of the latter are very important from the standpoint of the success of the program. They are in full accord with the objectives, are satisfied with the progress, and think that the association will continue if a sufficient subsidy is granted annually.

The dentists agreed that the program was of considerable benefit both to members and to themselves. Said one: "I believe that the Rural Health Association program in Newton County has meant more in improving the health conditions among the farm families than anything which has ever existed here. I know numbers of cases who could not have afforded proper medical and dental attention who have been greatly benefited. Through the cooperation of the dentists of the county and the Rural Health Association workers we have been able to work out a splendid program of dental health. It has meant a great deal to the dentists themselves, not only because of the satisfaction in doing a wonderful work, but also the contacts made with people who will be future patients!" Another dentist made this written statement: "I think the Newton County Rural Health Service is the most logical beginning of a solution to correct and prevent dental defects among rural people that has ever been organized. I am thoroughly convinced that we are reaching people who would never have been touched otherwise. Because of this plan, people are becoming better educated to the need of a healthy people!"

Dentists said that they had benefited financially because collections are now certain. They have further profited in that now patients are coming for treatment who will need future dental care. Thus they are acquiring a larger clientele.

With few exceptions, all professional participants are satisfied with the way in which the association is being directed. They think that the present manager is especially adept in handling vital and controversial issues.

Attitudes of Participating Druggists

One or two druggists have worked for the interest of the association, but, on the whole, druggists have played a less exemplary role in the health plan than the other professional groups. At one time they withdrew because they were paid considerably less than 100 percent on submitted bills. They look upon the program with favor, however, and wish that the budget could be increased so they could once more be included. The following remark of one druggist is somewhat typical: "See if you can't scare up enough money from the Government to get the

druggists back in the program".

Participating Hospitals

The owners of the hospitals are cooperative and report that they have rendered more services during the program than previously.

Attitudes of Members

Members are favorably disposed toward the association and hope for its continuation. Of the 120 members talked with, all were satisfied with the administration of the program insofar as they understood it. They think they have voice in directing the association, though in most cases they do not exercise it. Sixty members were asked, "Do members have enough voice in running the association?" Each answered, "Yes," and several observed that if they did not have it was their own fault.

A majority of members indicated that they feel that professional charges are not too high (table 12).

Table 12.-Attitudes of sample members
toward professional charges

<u>Do any charge too much? : Number responses</u>		
Physicians?	Yes	12
	No	36
	Don't know	12
	Total	60
Hospitals?	Yes	2
	No	38
	Don't know	20
	Total	60
Dentists?	Yes	3
	No	33
	Don't know	24
	Total	60
Druggists?	Yes	12
	No	33
	Don't know	15
	Total	60

When asked if they really know what the various services cost the association, members revealed that they did not, therefore, these responses regarding charges indicate attitudes toward the charges these groups made before the association was formed. However, as the professionals agreed to charge the association the same rates, or

nearly the same, they charged before, those responses are applicable to present charges.

Attitudes of Non-Members

Non-members generally are favorably disposed to the program. The investigator talked with 40 persons who did not belong. Included were those who have been members and those who have never belonged. Those who once held membership but did not renew were satisfied with the administration of the program. The principal reasons for non-renewals were, in order of importance, the association would not pay drug costs, an increase in the membership fee, neglect to go to the office to pay dues, did not use the association the first year and so did not think that they would need the protection, and lack of money with which to pay the fee. Most of these reasons can be traced to an inadequate method of education. Those who were eligible but have never joined gave these reasons: Did not have the money, did not hear about it in time last year, did not think the protection would be worth the cost.

These two groups had no complaints about the quality of services, nor criticism of the administration. Perhaps the word "indifference" best describes their attitude toward the health association.

Possible Abuses

According to the manager and board members, leading doctors have dealt fairly with the association, but three or four physicians have been selfish, at times perhaps mercenary, or have been concerned little with the progress of the organization. These comments apply chiefly to physicians' attempts to collect as much money as possible from the association. Records at the manager's office show that one participating physician wrote a prescription for a gallon of milk of magnesia. Another wrote a prescription to a dentist, requesting him to extract a tooth. In the third instance a doctor wrote seven prescriptions in one day for the same number of persons in one family. A druggist said that immediately before the association was organized a doctor who had an office near the drugstore wrote only about 12 prescriptions per week, but since the program was organized he writes from 40 to 50 a week.

It must be said here that the leading doctors, known for the high quality of their work and their feeling of civic responsibility, have the program at heart and are trying to bring pressure to bear upon their colleagues to improve their methods. The manager said that dentists have been more cooperative and fairer all along than either of the other professional groups.

Druggists, for the most part, have backed the association by soliciting membership from their respective clients.

The two hospitals are owned by two of the leading physicians who participate in the program. Relations between them and the association have been good.

CONCLUSIONS AND RECOMMENDATIONS

Perhaps the best way to point out the lessons learned by this experimental health program will be to summarize its strengths and weaknesses.

Strengths

- (1) The master plan of the program is consistent with democratic principles and local controls. Theoretically, members have the privilege and responsibility of discussing issues and choosing a board of directors to represent them.
- (2) Professional participants are not regimented nor are they bound to work according to directions from Washington, D. C. Rather, they have the right of deciding among themselves what prices they shall charge and what patients they shall treat. Through professional committees, doctors and dentists not only have an instrument to facilitate professional-association relations, but they also have effective ways of influencing the conduct of their respective professional colleagues.
- (3) Because of the nature of its objectives and administration, the program has been accepted by practically all groups within the county and it is given almost unanimous support. Without this popular support, chances of its success would certainly be limited. Of especial importance has been promotion efforts by the County War Board.
- (4) Members of the board of directors are well distributed over the county, have the program at heart, and have the ability to work harmoniously with each other, the manager, and professional participants. Most of them are community leaders.
- (5) The manager of the association is well qualified.
- (6) The services that the association provides are, for the most part, adequate to the health needs of rural families and are definitely an improvement over the usual medical and dental facilities for farm families in the South.
- (7) The costs of the program, from the standpoint of the members, are reasonable. Though the minimum fee for membership has been increased from \$5 to \$12, people continue to believe they are fortunate to obtain those services for \$12 or for 6 percent of their net cash income.
- (8) It is fortunate that all persons who derive as much as 51 percent of their income from farming are included in the program. By this arrangement the program enjoys more universal support than would be the case if only, say, sharecroppers were included.

Weaknesses

(1) From the standpoint of development and direction, the greatest weakness of the program is failure on the part of the board of directors and manager to acquaint the members thoroughly with the objectives and to show them to what extent and in what way they are expected to take part. There is little wonder that members take little part in directing the association. Under the present arrangement, there is little likelihood that the association will render any services except strictly medical and dental care. So far, local democratic procedure with discussion, compromise, and action has not developed. To the extent to which the association neglects to bring the people to taking active part in directing the programs with which they are concerned, the willingness to have things done for them will persist.

(2) From the standpoint of the improvement of rural health, the greatest weakness is the lack of any appreciable emphasis on preventive practices. The association devotes almost all of its time and energies to the treatment of defects that have already occurred, taking almost no measures to assure that the source of ill health will be considered. Diets, personal hygiene, environmental sanitation, and home care of illness have not been emphasized or taught, as a general proposition. The dentists are trying to teach oral hygiene, but this method reaches only a small percentage of cases and then only after defects have developed. Regional officials, members of the board, and the manager have not utilized an unusual opportunity to improve rural life. It is true that Newton County does not have a full-time health unit, and this may explain the lack of emphasis on the preventive side of the health plan. But the program could work in close cooperation with the public-health nurse, the Home Demonstration Agent, and other agencies which would try to promote environmental sanitation and isolation of the sick.

(3) The program of education has been unsystematic. The Newton Record, a weekly newspaper, gave the association considerable space during the period of organization, but thereafter it was used only to a minimum. During the first year only one or two circular letters were mailed to members. The lack of a thorough plan for teaching the people has been partially responsible for the failure to reach a maximum membership of 2,000 the second year.

(4) The association has the good-will of almost every agency in the county, but organizations have not been called on or approached systematically in such way that they will give the association dynamic support. For illustration, the acting county superintendent of education said that she was highly in favor of the program but the school system has never been used in an organized way to promote and implement the association's efforts. Health classes in school and chapel periods have not been used regularly as a means of informing the children about the program and in showing them how they can help promote the objectives. Again, the head of the Public Welfare Department expressed interest in the program but has been a more-or-less passive observer.

Recommendations

(1) If the association is to operate on the principles of local democracy, members need to learn all the objectives of the program, and to be informed regarding the part they are expected to play in achieving these objectives.

(a) This could be brought about by organizing a small committee in each community. It would be composed of a board member and three or four community leaders. The committee could hold periodic meetings, at which members could be informed of the objectives of the health program and be given a chance to discuss them.

(b) The association could circulate a mimeographed bulletin at regular intervals carrying simple articles on rural health and related subjects written by local physicians, dentists, agricultural leaders, the manager, or any other qualified persons.

(c) A sum of money could be set aside to pay for an educational program. This would make provisions for disseminating information to emphasize the preventive aspects of rural health problems.

(2) There is need for a dental hygienist whose duty would be to see that school and pre-school children receive more dental care, and that they are taught the principles of oral hygiene. A hygienist might be provided by the State Board of Health, or the association might provide this service cooperatively.

(3) The fiscal year should begin immediately after the local cotton has been marketed. Several farmers complained that their membership fees were due at a time when they had little money on hand. Thus, the fiscal year should begin around October 1, rather than July 1.

(4) In determining the amount of subsidy needed each year, primary consideration should be given the present income of the farm families. Viewing such a project over a period of years, it is probable that relatively more subsidy will be necessary for the first few years; a smaller amount probably will suffice as general health conditions improve locally and as members become better acquainted with the objectives of the program.

(5) Negro leaders should be asked to carry information about the program to the Negro population.

(6) If and when the association employs two nurses, it is recommended that one be a Negro.

Methodology

Source of data:- The field data for this report were gathered over a period of 4 weeks during which time the writer lived in the county. Information was gathered from the manager and his office records, from eight members of the board of directors, from participating physicians, dentists, druggists, agricultural and other agency leaders, bankers, industrialists, the local newspaper, and members and non-members of the association. Some information was obtained from the State and Regional FSA office, the Mississippi State Board of Health, a physician in Meridian, and one in Vicksburg.

Methods:- From the manager's office a case list was obtained from which a 3-percent random sample was taken of the 1,985 members. With the aid of a map, the writer drove into rural areas to interview the 60 members of the sample. All were asked to respond to an interview guide. Use of the guide was very helpful in learning what medical and dental services the sample received the year prior to the association's organization and during the first year of operation, to what extent they had participated in developing and directing the association, and what they thought of the association.

A word of explanation should be given concerning the size of the sample. Because of the scarcity of gasoline and tires the smallest sample was used which would give valid results. Several checks on the relative representativeness and reliability of the sample were made. Fully another 60 members were interviewed at the manager's office and in rural areas regarding their general opinions of the association. Their attitudes correspond closely to the attitudes of members who were included in the random sample. As there were no large controversial issues before members, by the time 40 of the sample had been interviewed, answers were forming definite patterns. Data obtained from the sample of 60 members had a high positive correlation with certain characteristics of the total universe. For instance, data were available on the tenure of 1,864 of the 1,985 members of the association which show that owner-tenant ratios for the sample were almost identical to the ratios of the association membership. (table 13).

.Table 13.-Percentage distribution according to tenure of association members and of sample members

Tenure	:Association members:	Sample members
Owners	68.2	68.3
Tenants	25.9	30.0
Unknown	5.9	1.7
Total	100.0	100.0

The average payment for the association was \$6.14 and for the sample, \$6.34. For the membership of the first year, the race of 42.8 percent of all members was unknown, and no comparison could be made. However, by using the membership for the year 1943-44, which, according to the manager, has about the same racial composition as last year, race ratios are found to be comparable to those of the sample.

Table 14.-Percentage distribution according to racial composition of association and sample members

Race	: Association members :	Sample members
Whites	77.5	76.7
Negroes	21.6	23.3
Unknown	.9	0.0
Total	100.0	100.0

Finally, the sample of 60 members was well distributed over the county (exhibit F).

A second interview guide was used in interviewing 28 family heads in an effort to learn (a) why they had not renewed membership, or (b) why they had never been members. These persons were interviewed by driving in the Union territory in the northern part of the county with one board member and by driving into the Chunky community with another board member.

A third interview guide was used in interviewing professional workers and county loaders.

Finally, a fourth interview guide was used with eight of the nine members of the board of directors.

Limitations of the study:- As man's memory is notably unreliable we have no sure way of knowing what medical, dental, and drug services were received the year before the association was organized. Earlier it was suggested that an allowance of 25 percent of the total costs be added, yet it cannot be certain that the comparison has reasonable validity. Circumstances permitting, this particular limitation could have been eliminated at least in part by taking a sample of farm families in an adjoining county and learning what medical, dental, and drug services they received during the period August 1, 1942 to July 31, 1943.

Professional groups, agricultural loaders, and farmers who live in adjoining counties should have been consulted regarding their opinions of the association, and whether they would like to have a similar program organized in their county.

APPENDIX

- Exhibit A. Application for Membership
- Exhibit B. Excerpt from Newton Record, August 6, 1942
- Exhibit C. Letter to Prospective Members from County Agent
- Exhibit D. The Charter of Incorporation
- Exhibit E. By-Laws
- Exhibit F. Map

Exhibit A

UNITED STATES DEPARTMENT OF AGRICULTURE
 NEWTON COUNTY RURAL HEALTH SERVICES ASSOCIATION, INC.
 (APPLICATION)

Name _____
 Address _____
 Single or Married _____
 Principal Occupation _____
 Age _____
 Race _____

Membership Card No. _____

INCOME		FARM OPERATING EXPENSES	
	Total		Total
Cash Sales Receipts:	Value	Operating Expenses:	Expenses
1. Crops	\$	1. Food Purchased	\$
		2. Crop Expenses: Field and	
		garden seeds, fertilizer,	
		insecticides, harvesting,	
		and ginning	\$
2. Livestock and Livestock Products:	\$	3. Machinery Repair	\$
		4. Auto Expense	\$
		5. Tractor and Truck	
		Expense	\$
3. Other Farm Income:		6. Buildings, Fence and	
Timber	\$	Improvements, Repair	\$
AAA and other Parity Payments	\$	7. Hired Labor	\$
4. Other Income not from Farm:		8. Taxes, Insurance, and	
Salary or Wages Rec'd by		Rent	\$
Family	\$	9. Co-Op Fees and Total	
Old Age Assistance	\$	Int.	\$
Allotment to Service Men's		10. Depreciation on	
Dependents	\$	Machinery	\$
Total (1 through 4)	\$		
		Total Farm Operating Expense	
		(1 through 10)	\$
		SUMMARY	
		a. Total Income (Line 5)	\$
		b. Total Expenses	
		(Line 10)	\$
		c. Net Cash Income (a-b)	\$
		6% of net cash family income of	
		1942 (Item c) amounts to	\$

ACKNOWLEDGMENT

The above is an actual income statement from my farm and other incomes received by me and my family during the previous twelve months ending December 31, 1942.

I, _____, hereby apply for participation in the

Name

Newton County Rural Health Services Association, and will pay _____ for my next twelve months' participation in the service.

(Witness)

(Signature of Applicant)

(Witness)

(Date)

Exhibit B

Excerpt from Newton Record, Newton, Mississippi, August 6, 1942

HEALTH PROGRAM FOR FARM FAMILIES STARTED AUGUST 1

Rural Health Services are Explained Here

Newton County is One of Twelve Counties
in United States Trying Program

More than 2,000 farm families of Newton County will participate in the new rural health program sponsored by the Farm Security Administration and inaugurated August 1, Robert Y. Wright, Jr., manager of the Newton County Rural Health Services Association, announced here today.

The experimental rural health program to be started here on a county-wide basis, is similar to that already started in 11 other counties throughout the United States, and will be subsidized by the government to supplement the fees to be paid by the families.

Each family will pay according to its ability, or calculated at the rate of 6 per cent of its 1941 net cash income. The minimum cost of the service to each family, which is payable in advance, will be \$5 and the maximum cost \$54. The Farm Security Administration will pay the difference between the amount the individual family pays, and \$54. For instance, a family having a net cash income last year of \$300 would pay \$18.

Total cost of the program in the county for a full year is estimated at \$110,000, with the greater portion to come in the form of a subsidy from the U. S. Department of Agriculture, through the Farm Security Administration.

Object of the experiment, Mr. Wright said, "is to determine a satisfactory plan of providing complete medical care for low-income families!"

Families will have the free choice of physicians, dentists, and druggists in the county. There are eight physicians and five dentists in the county and all have agreed to cooperate under the plan.

Services to be provided include practitioner care and surgery, emergency and related services; drugs, dental services, limited to extractions, eradication of infections, simple fillings, and dental education; nursing services, limited to usual functions of public health nursing services.

The county-wide plan does not involve any contract practice, Mr. Wright explained, but instead it is a method providing for the

pooling of funds to pay for services to be rendered, and is voluntary on the part of all concerned.

Both white and colored farm families are eligible to participate, and the 2,009 applications already received include families of both races.

Exhibit C

Letter to Prospective Members from County Agent

COOPERATIVE EXTENSION WORK
IN
AGRICULTURE AND HOME ECONOMICS
STATE OF MISSISSIPPI

Mississippi State College and
United States Department
of Agriculture, Cooperating

Extension Service
County Agent and Home
Demonstration Work

Decatur, Mississippi
April 4, 1942

Dear Sir:

We are enclosing a Farm Inventory Sheet which we hope you will find interesting and fill out and return to us at once. The purpose of this sheet is to offer you medical care from July 1, 1942 to July 1, 1943 and it works right to this. Put down all of your gross income on the left hand side of the sheet and gross expenses on right hand side of the sheet and subtract right hand from the left hand and 6% of the results you get there would be your payment for medical care for the twelve months mentioned above. This takes care of drugs, doctor calls, general dental work other than bridges and plates and hospitalization up to a certain point. In fact before you throw this sheet down talk to your Doctors and Druggist on this because they are behind it 100% and the Government is putting up a certain percent to the rest of the bill. If you have any tenants on your farm be sure that they fill out one because it protects them too. Please return the enclosed sheet at once. If you are interested, be sure to send in by 15th of April.

Sincerely yours,

S/ Joe C. Taylor

Joe C. Taylor
County Agent
JCT:MM

P. S.

If you have already filled out one please pass on to your neighbor. You are missing a good opportunity to protect your family if you fail here.

JCT:MM

Exhibit D

COPY

THE CHARTER OF INCORPORATION OF
THE NEWTON COUNTY RURAL HEALTH SERVICES ASSOCIATION, INC.

1. The corporate title of said association is the Newton County Rural Health Services Association, Inc.
2. The names of the Incorporators are:

H. L. Laird	Postoffice - Union, Mississippi
Mrs. J. C. Hollingsworth	Postoffice - Decatur, Mississippi
Mrs. T. B. Johnson	Postoffice - Decatur, Mississippi
F. E. Starnes	Postoffice - Chunky, Mississippi
George Langford	Postoffice - Coushatta, Mississippi
Stanley Henderson	Postoffice - Decatur, Mississippi
Jodie Bradford	Postoffice - Newton, Mississippi
Claude Brantley	Postoffice - Lawrence, Mississippi
A. L. Matthews	Postoffice - Union, Mississippi
3. The domicile of this association is at Decatur, Mississippi.
4. Amount of capital stock and particulars as to class or classes thereof; there is to be no capital stock or classes of membership cortificates. Families engaged in agricultural pursuits as a means of a livelihood shall comprise the membership and each farm family qualifying hereunder shall be entitled to participate in the services herein provided.
5. Number of shares for each class and par value thereof: Each farm family shall be entitled to one membership in the association and allowed one vote in the control and management thereof upon the payment of \$5.00 or 6 percent of the net cash income as determined by the Board of Directors, based on the family's previous year's earnings, whichever is greater. Participation memberships in the association subsequent to organization shall be computed upon the same basis. Memberships shall be evidenced by a membership card as provided in the by-laws. There shall be no commissions paid for securing memberships or the solicitation thereof. The funds coming into the Association shall be managed and controlled as provided in the by-laws. There shall be no voting by proxy.
6. The period of existence is 3 years.
7. The objects and purposes for which this association is formed are (1) to bring together people engaged in agricultural pursuits as a means of livelihood for the purpose of discussing various methods of farming, farm imploments used, different broods of stock raised and to educate its mombers in this way in the pursuits of agriculture that the condition of the agriculturist may be improved by knowldge

of the best methods of farming, the best machinery, the best breeds of stock, etc.; (2) to promote and improve the general health, welfare and living conditions of its members, to increase the efficiency and further the rehabilitation of its members, and to that end, to engage in any activity not inconsistent with the Laws of the State of Mississippi, involving or relating to securing for its members medical, surgical, dental, drugs, nursing, ambulance or related services incident, necessary or convenient thereto and to secure a proper and equitable distribution of these services to its members throughout Newton County; and (3) to associate its members together for their mutual benefit and not for profit as an agricultural association with full power and authority to do each and everything necessary, suitable or proper for the accomplishment of any of the purposes or attainment of any one of the objectives herein enumerated or conducive to or expedient for the interest or benefits of the members of the association in the operation or management thereof. The association may accept aid, grants, gifts or donations from Federal or State governmental agencies or other sources.

The affairs of the association shall be conducted by a board of 9 directors to be selected one from each of the 9 districts of the county in the manner as provided in the by-laws.

Said association shall not publish its charter, issue shares of stock, or divide dividends among its members. It shall operate upon a non-share and non-profit basis without individual liability against the members for corporate debts. The corporate property shall be liable for the claims of creditors.

The association shall have a representative form of government. Each member shall have the right of one vote and to participate in the election of all officers. Expulsion shall be the only remedy for non-payment of dues. The loss of membership by death or otherwise shall terminate all interest of the members in the corporate assets; provided, however, that no services shall be denied the family of a deceased member for the year in which the dues of said member have been paid, if said family remains engaged in agricultural pursuits.

The association shall not guarantee to furnish any medical, dental, drug, nursing, ambulance or related services, or that any physician, surgeon, dentist, or druggist will render or perform such services; nor shall the association undertake or guarantee to pay anything as compensation or reimbursement for any loss sustained by its members.

The articles of association may be amended as provided by law. The by-laws may be amended as provided in the by-laws.

The rights and powers to be exercised by this association, in addition to the foregoing, are those contained in the by-laws and those conferred by Chapter 100, Code of Mississippi 1930, and amendments thereto.

8. Number of shares of each class to be subscribed and paid for before the association may begin business - none.

Signed,

H. L. Laird
Mrs. T. B. Johnston
F. E. Starnes
Mrs. J. C. Hollingsworth
Geo. Langford
Stanley Henderson
Jodie Bradford
Claude Brantley
A. L. Matthews

Incorporators

Exhibit E

Copy

BY-LAWS

OF

NEWTON COUNTY RURAL HEALTH SERVICES ASSOCIATION, INC.

ARTICLE I

Name and Location

Section 1. The name of this Association is Newton County Rural Health Services Association, Inc.

Section 2. The principal office of this Association shall be located at Decatur, in the county of Newton, State of Mississippi.

ARTICLE II

Fiscal Year

Section 1. The fiscal year of the Association shall begin on the first day of July of each year.

ARTICLE III

Seal

Section 1. The seal of this Association shall have inscribed thereon its name, the year of its organization, and the word "Mississippi," and shall be in the exclusive custody of the Secretary.

ARTICLE IV

Purposes

Section 1. The purposes of this Association are:

- 1: To increase the knowledge of its members in agricultural pursuits.
- 2: To improve the health, increase the efficiency and promote the well being of its members by securing medical, surgical, dental, drugs, nursing, ambulance and related services; and
- 3: To associate its members together for their mutual benefit and not for profit for the attainment of any of the objectives enumerated in its Charter.

ARTICLE V

Membership

Section 1. Only persons who are engaged in agricultural pursuits and who reside in Newton County and who are approved for membership by the Board of Directors, shall become members of this Association. Membership shall be on an annual basis. Whenever used herein, the masculine pronoun shall refer to and include the feminine.

Section 2. One, but not more than one member of each family residing in Newton County, Mississippi, may become a member of this Association and all members of the family residing with the member and substantially dependent upon the member for support shall be entitled to participation rights in the Association, provided said member or members are engaged in agricultural pursuits, are not heads of separate families and have no other source of major income.

Section 3. Parents or other relatives living with the member and receiving incomes such as pensions, compensation, alimony or other outside incomes constituting a major source of support and rendering the parents or other relatives not substantially dependent upon the member, may become a member of the Association on application approved by the Board of Directors and payment of the regular membership fee.

Section 4. Application for Membership: Application for membership shall be made on a blank to be proscribed by the Board of Directors and must be filed with the Secretary together with the membership fee of \$5.00 or an amount equal to 6 per cent of the applicant's net cash income during the preceding year, whichever is greater. In applying for membership, the applicant will agree to abide by the regulations, rules and by-laws of the Association. Membership shall be evidenced by a membership card reciting, among other things, applicant's agreement to be bound by the rules, regulations and by-laws of the Association. If the application is rejected for any cause, the membership fee will be returned to the applicant. Immediately upon the issuance of a membership card, the Secretary shall enter the name of the new member upon the books of the Association and shall present him with a copy of the rules and regulations governing the operations of the Association.

Section 5. Records of Members: The Secretary shall keep a record of all the members of the Association, which shall include the full name, address, age and occupation of each member of the member's family at the time of admission into the Association. Each member shall notify the Secretary immediately of any change in address or status of any member of his or her family.

Section 6. Withdrawal of a Member: Any member desiring to withdraw from the Association may do so by surrendering to the Secretary his membership card, which shall thereupon be canceled, and the name of the member shall be stricken from the membership rolls of the Association. In the event a withdrawing member has lost his membership card,

his name may be stricken from the membership rolls notwithstanding his failure to surrender his card.

Section 7. Expulsion of a Member: Any member who fails to cooperate in the purposes and objects of the Association, or who acts contrary to the best interests of the Association may be expelled by the Board of Directors, provided that such member is given written notice by the Board of Directors of the charges and an opportunity to appear in his own defense before the Board of Directors at its next regular or special meeting. Any member shall have the right of appeal from the decision of the Board of Directors to the Association at its next regular meeting following the action taken by the Board of Directors or by a special meeting of the Association duly called for that purpose. In case of appeal to the Association by a member the action of the Association shall be final.

Section 8. Suspension of Services: A member and his family shall not be entitled to services provided by the Association after being notified in writing by the Board of Directors of his expulsion until or unless he is reinstated by the Board of Directors or by the Association.

Section 9. Termination or Transfer of a Member: In the event of the death or adjudication as an incompetent of any member of the Association, the member's family may continue to receive the services herein provided to which the deceased or incompetent member and family would have otherwise been entitled for the remainder of the period of his or her membership.

The Board of Directors may upon proper and legal application refund to the legal or personal representative any monies which the deceased or incompetent member may have paid to the Association which are unused as of the date of the death or incompetency or of the date of desired cancelation of membership.

The Board of Directors may transfer the membership of the deceased or incompetent member to a surviving spouse or to a member of his or her family, as the case may be, in order to continue the services herein provided. In the event the Board of Directors refunds the unearned portion of the membership of the deceased or incompetent member, or does not transfer the membership as above provided, then it shall be the duty of the Board to cause to be canceled the membership of the deceased or incompetent member.

Removal from the county by a member and his family or a wilful failure to cooperate in the program shall automatically be cause for immediate termination of membership in the Association.

Section 10. Payment of Refunds to Withdrawing, Expelled or Otherwise Terminated Members: If a member voluntarily withdraws, is expelled or is terminated by reason of death, incompetency or for any other reason, the Board of Directors, shall, as soon as possible after the close of the fiscal year, determine the amount due the member and

such amount shall be paid to such member or his or her legal or personal representative.

Section 11. Transfer of Membership: No certificate of membership shall be assignable or transferable otherwise than as above provided, and every certificate issued shall bear on its face the words "NOT TRANSFERABLE except in accordance with the provisions of Section 9 of this Article."

Section 12. Duties and Functions of Members: The duties and functions of the members are: (a) to assist in the furtherance of the program by understanding and supporting its objectives, aims and purposes, (b) to take an active part in the Association's affairs by attending the meetings of the Association and by discussion and voting to provide a basis for the determination of policies by the Board, (c) to participate in the formulation of and to abide by the rules and regulations and the by-laws, (d) to cooperate with and encourage cooperation of all members, (e) to care for any property or goods which may be assigned or entrusted to him for the use of the Association, (f) to contribute his services if elected or appointed on the Board of Directors or any committee or committees which may be appointed by the Board, and to do any other reasonable things which may make for success of the Association's program.

ARTICLE VI

Meetings

Section 1. Regular Membership Meetings: The control of the Association shall be vested in the membership. Regular membership meetings of the Association shall be held annually in the month of July, between July 1 and 15, at such time and place as may be determined by the Board of Directors and specified in the call to meeting. Notice of such meeting shall be given by the Secretary of the Association by mailing or delivering written notice to each member of record at his address as it appears upon the records of the Association at least five days prior to the date of such meeting. Such notice shall state the time and place of such meeting.

Section 2. Special Membership Meetings: Special meetings of the members may be called at any time by action of the Board of Directors, and such meetings must be called whenever a petition for such meeting is signed by at least twenty-five (25) members and presented to the Secretary or to the Board of Directors.

Notice of such meeting, containing a statement of the purposes thereof, shall be given by the Secretary of the Association by mailing or delivering written notice thereof to each member of record at the address as it appears upon the records of the Association at least five (5) days prior to the date of such meeting. Such notice shall state the time and place of such meeting and the business to come before it. No business shall be transacted at any special meeting other than that specified in the notice of such meeting.

Section 3. Quorum: Twenty-five (25) members of the Association shall constitute a quorum for the transaction of business and no business shall be transacted unless such quorum is present when a vote is taken. If, however, such quorum shall not be present at any regular or special meeting, a majority of the members present shall have power to adjourn the meeting from time to time without notice other than announcement at the meeting until a quorum shall be present. At such adjourned meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally called.

Section 4. Order of Business: All meetings of the Association shall be governed by Robert's Rules of Order (Revised). The order of business at all membership meetings shall include as far as applicable:

1. Roll Call.
2. Proof of due notice and determination of quorum.
3. Reading and disposal of any unapproved minutes.
4. Nominations for vacancies on the Board of Directors.
5. Report of Board of Directors by President or Vice-President.
6. Report of Secretary.
7. Report of Treasurer.
8. Report of General Manager.
9. Report of Committee.
10. Unfinished Business.
11. New Business.
12. Elections.
13. Adjournment.

Section 5. Voting Rights: Each member shall have one vote and one vote only on all occasions and there shall be no voting by proxy or by mail, except, however, amendments to the Articles of Association or the by-laws may be voted upon by the members by mail and the results thereof filed with the Secretary of the Association to become part of the permanent records thereof. Voting on other matters shall be by show of hands unless the majority of the members present at the meeting shall decide to vote by ballot.

ARTICLE VII

Directors

Section 1. Functions of the Board of Directors: The business of the Association shall be directed by a Board of Directors composed of 9 members who shall be residents of Newton County, Mississippi. Its functions shall include the (a) selection of, and delegation of authority to, management; (b) determination of policies for guidance of management; (c) control of expenditures by authorizing budgets; (d) keeping of members fully informed on the business of the Association; (e) causing audits to be made at least once each year or oftener, and reports thereof to be made directly to the Boards; (f) studying the requirements of members and promoting good membership relations; (g) prescribing the form of membership applications and certificates and contracts or agreements between the Association and physicians,

dentists, nurses, druggists, ambulance companies or others who may have occasion to contract or do business with the Association; and (h) doing such other things as may be necessary to successfully promote, defend and conduct the affairs of the Association.

Section 2. Election and Term of Board Members: The first Board of Directors, consisting of those elected at the first meeting of the incorporators of the Association, shall serve until the first annual meeting of the members or until their successors are chosen and have qualified. A member shall be elected from each of the nine districts of Newton County, Mississippi, the boundaries and limits of said districts to be approved by the members at their first meeting, and to continue until otherwise changed. At the first annual meeting, three directors shall be elected for a term of one year, three for a term of two years and three for a term of three years. Thereafter, at each regular annual meeting, the members shall elect for a term of three years the number of directors whose terms of office expire at that time. Directors shall be elected by a written ballot at the meeting and shall be elected from the districts wherein they reside.

Section 3. Election of Officers: Within ten (10) days after such annual meeting of the members, the Board of Directors shall elect from their own number a President, Vice-President and a Secretary-Treasurer. The term of office of each officer shall be for one year or until his successor is elected and qualified. In addition to the officers herein provided, the Board of Directors shall contract for the services of a Manager and shall prescribe his duties, fix his compensation and determine the terms and conditions of his employment. The Manager may not be a member of the Board. The Board shall have the right to appoint and remove officers, attorneys and employees whenever it may deem necessary.

Section 4. Disqualification of Officers or Directors: A director or officer, shall vacate his office, if, during the term of office, he shall be a party to a contract for profit with the Association differing in any way from the business relations accorded members of the Association, or if he competes in any way with the business of the Association on his private account.

Section 5. Meetings of the Board of Directors: Regular meetings of the Board of Directors shall be held at such time and place and at such regular intervals, not exceeding one month, as may be proscribed by resolution adopted from time to time by the Board of Directors. Special meetings of the Board may be called by the President, or by the Vice-President if the President is unable or neglects or refuses to call a meeting when requested by other members of the Board. Should both the President and the Vice-President be unable or neglect or refuse to call a meeting of the Board, any three members of the Board may call such meeting. Notice of all regular and special meetings of the Board shall be given to each director by the Secretary of the Association by mailing or delivering a written notice thereof at his or her last known post office address at least three days prior to the date fixed for such meeting, setting forth the time, place and

purpose of the meeting. Five directors shall constitute a quorum for a meeting of the Board. At any meeting at which every member of the Board shall be present, although held without notice, any business may be transacted which might have been transacted if notice of such meeting had been duly given. Notice of meetings may be waived when signed by all the directors.

Section 6. Powers of the Board: The Board of Directors shall have general power to act for the Association in any manner not proscribed by statute, by the Articles of Incorporation, or by the By-Laws in the direction of the affairs of the Association. If the Association shall at any time borrow or receive by way of grant any property from the United States, through any of the agencies of the United States, the Board of Directors shall adopt and pursue such control and accounting methods and cause such audits to be made as shall be proscribed by such agency.

Section 7. Committees: The Board of Directors may, by proper resolution, designate one or more committees which shall function in an advisory capacity to the Board as to general policy and conduct of the Association, but such committees so chosen shall not exercise any of the powers and duties of the Board. The Board may also appoint any other committee within the membership as it may deem necessary to carry out the aims and objectives of the Association.

Section 8. Vacancies on the Board: If the office of any director becomes vacant by reason of death, resignation, retirement, disqualification or otherwise except by removal from office, a majority of the remaining directors shall choose a successor from the district wherein the office of the member becomes vacant, who shall hold office until the next regular meeting of the Association, at which time the members shall elect a successor to fill the unexpired term or terms, provided that in the call for the meeting, a notice of such election shall be given.

Section 9. Removal of Directors and Officers: Any director or officer may be removed from office in the following manner: Any member may bring charges against any director or officer by filing them in writing with the Secretary of the Association, together with a petition signed by ten per cent (10%) of the members, or by written charges and petition signed and filed by six (6) members of the Board of Directors requesting the removal of the officer or officers or director or directors in question. Such removal shall be voted upon at the next regular or special meeting of the members and shall be effective if approved by a vote of a majority of the members present at such meeting. The director or officer against whom such charges have been brought shall be informed in writing of such charges five days prior to the meeting and shall have the opportunity at such meeting to be heard in person or by counsel and to present witnesses; and the person or persons bringing such charges against him shall have the same opportunity. If the removal of a director is approved, such action shall also vacate any other office held by the removed director in the Association. A vacancy on the Board thus created shall be filled by a

majority vote of the remaining directors as provided in Section 8 of this Article. The Board may then fill any other vacancy caused by removal, resignation or otherwise of any officer or director or committeeman of the Association.

Section 10. Compensation of Directors and Officers: The Directors, the President, Vice-President, and Secretary-Treasurer shall serve without compensation. The members of the Board of Directors may be reimbursed for expenses actually incurred in traveling to and from regular or special meetings of the Board, provided (1) not more than one regular and one special meeting are held by the Board during any one calendar month, and (2) such reimbursements do not exceed the rates charged for transportation by common carrier for similar distances in the county.

ARTICLE VIII

Officers

Section 1. Duties of the President: The President shall preside at all meetings of the members and of the Board of Directors, shall execute notes, bonds, mortgages, contracts and all other instruments on behalf of the Association, shall be ex-officio a member of all standing committees, and shall have such powers and perform such other duties as may be properly required of him by the Board of Directors.

Section 2. Duties of the Vice-President: The Vice-President shall, in the absence or disability of the President, or in the event of death, resignation, or removal from office, perform the duties and exercise the powers of the President, and shall have such other powers and perform such other duties as the Board of Directors shall prescribe.

Section 3. Duties of the Secretary-Treasurer: The Secretary-Treasurer shall keep and maintain a complete record of all the meetings of the Association and of the Board of Directors, shall have custody of the corporate seal and shall affix the same on such papers and documents as may be required in the conduct of the business, shall keep the membership records, countersign all checks, and with the President sign such other papers and documents pertaining to the business affairs of the Association as may be authorized or required of the office of Secretary-Treasurer, and shall furnish bond as required in Section 6 of this Article. In the event the Secretary-Treasurer shall be unable, refuse or neglect to perform the duties of his office as herein provided, then the Board of Directors may designate one of their own number or an officer of the Association to take over and perform such duties as herein required and shall perform such other duties as may be required of his office.

Section 4. Duties of the Manager: The duties of the Manager shall be: (a) to manage the Association's business in accordance with the instructions and under the supervision of the Board of Directors; (b) with the approval of the Board, engage and discharge employees; (c) keep accurate books of the business transacted and submit the same, together with all other information pertaining thereto, for

inspection by the Board of Directors, Commissioner of Insurance, or auditors appointed to audit the books and affairs of the Association; (d) aid and advise the Board in the preparation of budgets, furnish monthly a statement showing the condition of the Association's business and when required, submit reports of his management to the regular annual meeting of the membership; (e) assist and advise the Board in formulating policies relative to the conduct of the Association's business; (f) perform all clerical duties required by the Board of Directors, receive and deposit funds for the Association and draw checks upon its account, which shall be countersigned by the Treasurer, in payment of bills, salaries or other expenses ordered paid by the Board of Directors, and furnish a corporate surety bond in adequate amount conditioned upon the faithful performance of the duties of his office, and proper accounting for all funds and properties of the Association.

Section 5. Absence of Officers: In case of the absence or inability of any officer or officers of the Association to act, or any person herein authorized to act in his place, the Board of Directors may, from time to time, delegate, for the time being, the powers or duties or any of them of such officer to any other officer or to any director or employee.

Section 6. Bonds: The Secretary-Treasurer, Manager, or any other officer or employee, receiving funds or property, having the custody or control of funds or property, or the disbursement thereof, belonging to the Association, shall each give or execute a corporate surety bond in favor of the Association in such amount and containing such stipulations and conditions as may be required by the Board of Directors. The premium costs of said bonds shall be paid by the Association.

ARTICLE IX

Medical Care

Section 1. Eligibility for Medical Care: Subject to the provisions of Section 3 of Article VIII of these by-laws, each member and his family shall be entitled to receive medical care and other benefits provided by the Association. The word "family" as used in these by-laws shall include all persons residing with the member substantially dependent upon the member for support. Members of the Association and their respective families shall be eligible for medical care only after applying therefor on the form prescribed by the Board of Directors. A membership card shall be issued to each member approved by the Board of Directors.

Section 2. Membership Cards: Each membership card shall be countersigned by the member to whom it is issued and shall be in such form as may be prescribed by the Board of Directors, provided that it shall set forth, among other things, the name and address of the member and of each member of his family who is eligible for medical care, the period for which such member and his family are to

receive such care, and shall bear on its face the following statement, or statements, substantially similar thereto.

- a. "This membership card is issued and accepted subject to the provisions contained in the Articles of Incorporation, by-laws and the rules and regulations adopted and to be promulgated by the Board of Directors of the Newton County Rural Health Services Association, Inc.
- b. "This membership card may not be transferred or assigned or otherwise disposed of. To cause or permit the fraudulent use of this membership card or to divert the benefits therein provided to a non-member shall automatically suspend the member and his family from any further services provided by the Association!"

Section 3. Medical Care not Guaranteed: (a) This Association does not guarantee that any physician, surgeon, dentist, or druggist with whom it may enter into agreement to render services to its members and their respective families, will perform such services, and its only obligation in the event of a breach of such agreement by any physician, surgeon, dentist, or druggist shall be to use its best efforts to obtain the needed services from another source.

(b) The Association shall not be liable for any act of omission or commission on the part of any physician, surgeon, dentist, or druggist or any other person with whom it may enter into agreement to render services to its members and their respective families.

ARTICLE X

Reports and Audits

Section 1. Reports of Business to be made by Board of Directors: The Board of Directors shall present at each annual meeting, and when called for by vote of the members at any special meeting of the members, a full and clear statement of the business and condition of the Association.

Section 2. Annual Audit to be Made, Contents Thereof: At the close of each fiscal year the Board of Directors shall provide for an annual audit of the accounts of the Association by a public accountant having no connection with the Association, the audit to be conducted in accordance with generally accepted auditing procedure. This audit shall include narrative statements of services rendered by the Association, the balance sheet, profit and loss statements, members admitted and withdrawn, total number of members, and other pertinent information, and it shall be submitted in written form to the members at the annual meeting in July or as soon thereafter as practicable. The Board may provide such other audits as shall be desirable in the best interests of the Association.

ARTICLE XI

Distribution of Funds

Section 1. At the end of the fiscal year, after all claims against the Association have been settled in full, any unused balance remaining in the treasury shall be handled in one of the following manners, upon the decision of the Board of Directors and approval of the appropriate agency of the United States Department of Agriculture.

(1) Such sum may be added to the succeeding year's allotment and used to supply additional services to those who are members at the end of the fiscal year.

(2) Or such sum may be prorated back to the members, the United States of America, and/or private donors in proportion to the amounts paid in by each respectively.

Section 2. Dissolution of the Association: In the event it is determined by the members of the Association to dissolve said Association all members shall be treated as one class and the following procedure shall be followed: (1) assets other than cash shall be liquidated, (2) all liabilities of the Association paid, and (3) any remaining sums shall be distributed among the members as of the time of dissolution, the United States of America and private donors in proportion to the amounts paid in by each respectively.

ARTICLE XII

Amendments

Section 1. Any provision of these by-laws or Articles of Association, if not prohibited by law, may be amended, altered or repealed -

(1) at any regular meeting or any special meeting called for such purpose, by an affirmative vote of a majority of all the members of the Association, provided that in the call of such regular or special meeting there shall be given a complete written statement of such amendments, alterations or repeal, with a statement of the purposes therefor, or

(2) by the written assent of or rejection by a majority of all the members of the Association, filed with the Secretary of the Association, provided that there shall be mailed to each member at his last known address, or placed in his hands at least ten (10) days prior to the effective date, the complete written articles or sections to be amended, altered, repealed, or rejected, together with the complete written statement of proposed additions, amendments, or alterations and the purposes therefor, and the vote, if by mail, by which the above changes are perfected shall be recorded with the Secretary.

EXHIBIT F

DISTRIBUTION OF SAMPLE FAMILIES
NEWTON COUNTY AGRICULTURAL ASSOCIATION

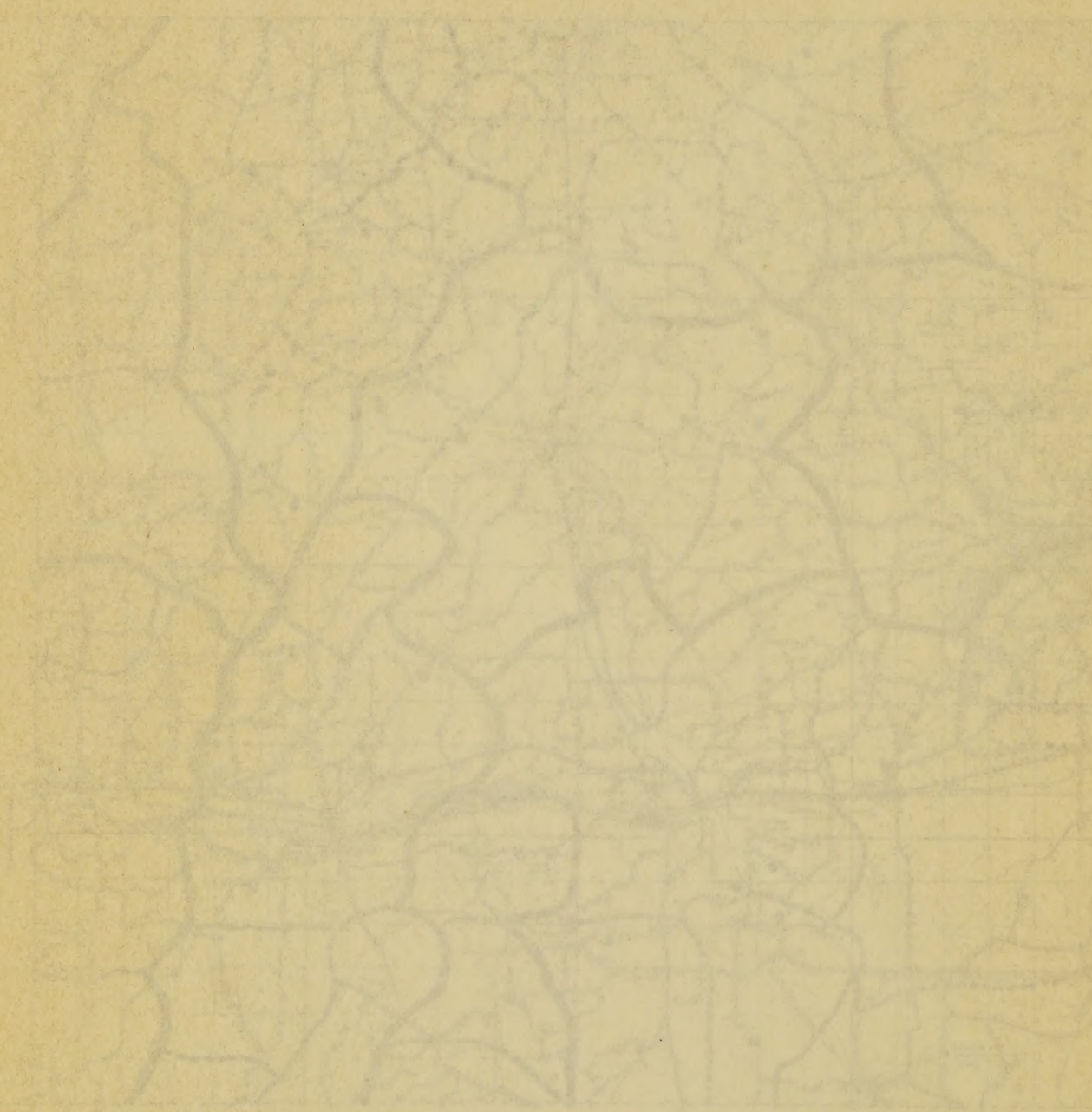


LEGEND

- COMMUNITY DIVISION LINES
- - - NEIGHBORHOOD DIVISION LINES
- MEMBER OF ASSOCIATION
- MEMBER BOARD OF DIRECTORS

GENERAL HIGHWAY MAP
NEWTON COUNTY
MISSISSIPPI

EXHIBIT 7
DISTRIBUTION OF SAMPLE FAMILIES
NEWTON COUNTY AGRICULTURAL ASSOCIATION



NEWTON COUNTY, GEORGIA
LEGEND
1. COUNTY DIVISIONS
2. SAMPLE FAMILIES
3. SAMPLE FAMILIES
4. SAMPLE FAMILIES

